

CAPITAL IMPROVEMENT PROGRAM SURVEY FORM

PROPOSED PROJECT DETAIL										
Agency/Department:							Project Name:			
Project Description:							Priority Rank by Agency/Department			
							<input type="checkbox"/> #1 Committed Project	<input type="checkbox"/> #2 Urgent Project	<input type="checkbox"/> #3 Needed Project	<input type="checkbox"/> #4 Desirable Project
Justification:							Required/Desired Date of Project Completion:			
Benefits:							Type of Project:			
Costs if not implement:										
ESTIMATED PROJECT COSTS	FUNDING SOURCE*	FY 2016-17	FY 2017-18	FY 2018-19	FY 2019-20	FY 2021-22	FY 2022-23	TOTAL	DEFERRED PROJECTS	SOURCE OF COST ESTIMATES
Planning & Engineering										
Site & ROW Acquisition										
Construction										
Equipment Purchases										
Other (Identify)										
SUBTOTAL										
New Personnel										
Annual Maintenance										
TOTAL COST TO TOWN										

*FUNDING SOURCE: (1) Capital Non-Recurring Fund; (2) Short-Term Note; (3) Bond Issue; (4) Grant; (5) Trust Fund; (6) Special Assessment; (7) General Fund; (8) Other